

Commissioner Susan P. Kennedy

California Public Utilities Commission

APPOINTMENT REQUEST FORM

FAX TO: (415) 703-3352

TODAY'S DATE: _____

COMPANY REQUESTING MEETING: _____

TITLE & NAME OF KEY ATTENDEE _____

NAME /TITLE/**PHONE NUMBER** OF CONTACT PERSON: _____

PURPOSE OF MEETING: ***IF RELATED TO A SPECIFIC PROCEEDING, PLEASE GIVE A DESCRIPTION OF THE PROCEEDING AND LIST THE PROCEEDING NUMBER***

Please be specific on issue to be discussed – add second page if needed

NUMBER OF PARTIES TO THE PROCEEDING ? _____

DOES SB960 EX-PARTE RULE APPLY ? (*Equal Time ?*) _____

IS CONTACT PERSON ALSO ATTENDING? YES NO

OTHER ATTENDEES NAMES/TITLES _____

Meeting time and date requested: _____

Thank you!